DOCUMENT RESUME

ED 273 592 SP 027 945

TITLE A Tool for Assessing and Designing Comprehensive School Health Education in Iowa Schools.
INSTITUTION Iowa State Dept. of Public Instruction, Des Moines.
PUB DATE 86
NOTE 86p.; Portions printed on colored paper.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Curriculum Development; Curriculum Evaluation; Elementary Secondary Education; *Health Education; *Needs Assessment; *Program Evaluation

ABSTRACT

This guide is for local schools to use as a means of assessing their current programs in health education and to plan for a comprehensive health education program for the future. The major sections include: (1) a schedule and a plan for implementing a local curriculum study in health education; (2) a suggested framework for the school health education program; (3) suggestions for curriculum development in health education; and (4) an instrument and a procedure for assessing curriculum programs and the identification of needed changes. The assessment instrument contains sample recommended goals, instructional suggestions, evaluation plans, and plans for program coordination. The appendixes include regulations from the Iowa Code pertaining to school health education, instructions for using the computerized curriculum guide which supplements this manual, descriptions of exemplary health education programs and information on further resources. (JD)

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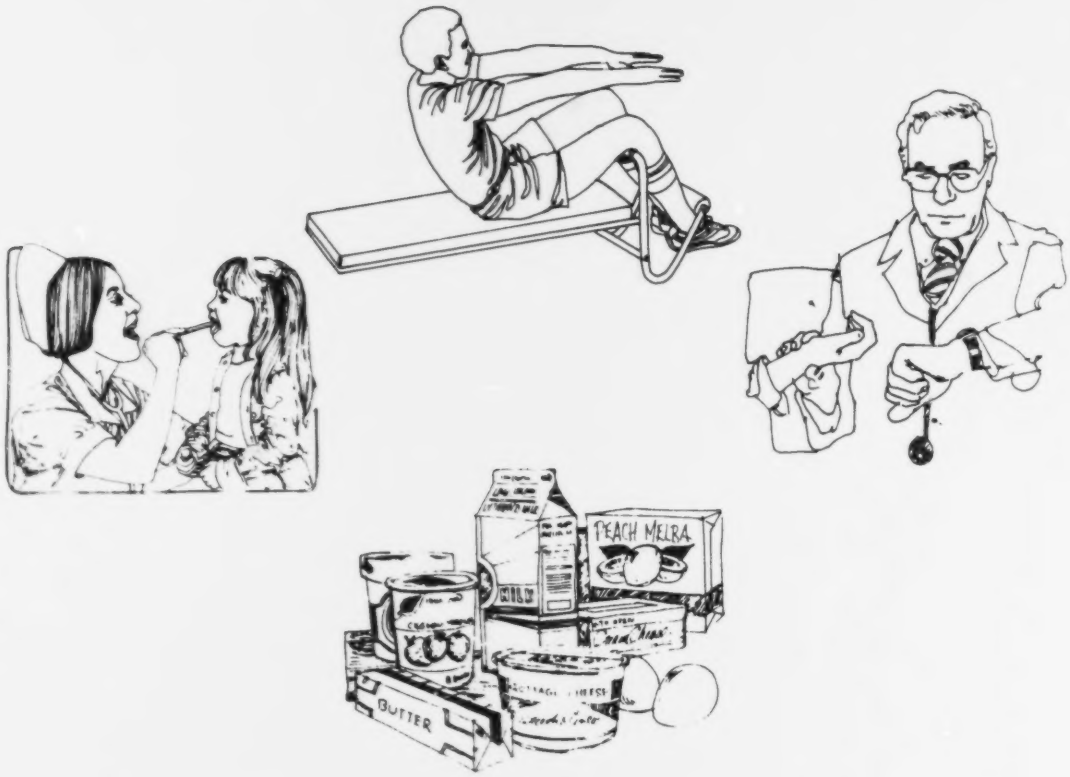
A Tool for Assessing and Designing

Comprehensive School Health Education



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1986

A TOOL FOR ASSESSING AND DESIGNING COMPREHENSIVE SCHOOL HEALTH EDUCATION IN IOWA SCHOOLS

Foreword

In 1978 a Task Force was appointed to study comprehensive school health education in Iowa and to make recommendations to the State Board of Education. Twenty persons served on the committee; they were assisted by sixteen additional persons as a committee of advisors and twelve staff members from the Department of Public Instruction. This document has been prepared during the 1980-81 school year as an extension and follow-up ot the 1978-80 efforts of the Task Force, the DPI staff, and the State Board.

A committee of writers was selected during the summer of 1980 to extract ideas and recommendations from the Task Force Report. It was felt that such ideas and guidelines should be utilized in a tool for use at the local level to assess existing programs in school health education and to plan for a comprehensive program for the future. The committee of writers included the following:

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Later a steering committee was formed to provide ideas and reactions to the tool, and to assist with piloting the initial drafts of the tool. The steering committee consisted of:

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INTRODUCTION

This curriculum is for local schools to use as a means of assessing their current programs in health education and to plan for a comprehensive health education program for the future. This tool and the process for curriculum study it suggests are recommended for use on a continuing basis. The tool includes the following major sections, each color coded as indicated:

1. A schedule and a plan for implementing a local curriculum study in health education (peach)
2. A suggested framework for the school health education program (yellow)
3. Suggestions for curriculum development in health education (pink)
4. An instrument and a procedure for assessing curriculum programs and the identification of needed changes (blue)

The sections are color coded to assist the users in accomplishing the task of assessing their school health education programs and/or planning for new programs in different ways. Some prefer reading some statements of philosophy and implementation suggestions prior to beginning; others prefer to consider such suggestions as needed as they work on the task. The table of contents may serve as a guide in making such decisions.

Many of the suggestions include (i.e. framework, procedure for program development, and goal and content areas) arose from the 1978-79 Task Force efforts as approved by the State Board of Education. These sections are included for local school use and consideration when they seem appropri-

ate. The underlying theme for curriculum tools in Iowa is to provide help and suggestions while not being prescriptive. Users are invited to forward comments concerning their experiences with the tool and suggestions for changes and improvements. The tool, like the curriculum itself, should continue to develop each time it is used.

II. OUTLINE OF SCHEDULE FOR ASSESSING SCHOOL HEALTH EDUCATION PROGRAMS IN IOWA SCHOOLS

The following outline is suggested as a plan for assessing existing curricula for school health education or proposing new ones. Included with the suggested actions is a blank at the right for use in establishing a tentative calendar for the efforts.

	Proposed Date
1. Identify K-12 health education coordinator.	_____
2. Secure administrative and school board support.	_____
3. Identify community advisory group; establish meeting schedule to coordinate with the ongoing effort.	_____
4. Select curriculum committee for comprehensive school health education. A curriculum committee with representatives from each of these areas has proven effective:	_____
*Administration (principal, assistant superintendent, curriculum coordinator, etc.)	
*K-12 teacher (all buildings represented) and representatives from sciences, home economics, social studies, physical education, and health education.	
*Outside consultant (area education agency, college/university, DPI, etc.)	
*Others [counselors, school nurse, lay person, minority representation according to the Code of Iowa 257.25(11), 670-3.5(25b), etc.]	
5. Schedule time and budget for curriculum work.	_____
6. Examine local health education needs of students.	_____
7. Examine existing school health education programs.	_____
8. Review rationale for comprehensive school health education approved by the State Board of Public Instruction (Page 6).	_____

9. Review Code of Iowa. (Appendix I Page 35 & 36). _____

10. Review a philosophy for health education (page 7). _____
Using the philosophy statement provided (page 7), the health education curriculum committee should develop a written philosophy for health education specific to local needs. The comprehensive nature of health education and its essential purposes should be a major feature of the statement. The philosophy statement should be duplicated and sent to the entire staff for reaction, additions, deletions and correction.

11. Seek input and recommendations from the community advisory committee. _____

12. Examine existing school and/or Board policies that could influence the work of the committee; consider how the curriculum effort can support such existing policies. _____

13. Discuss current trends and problems in health education. It is highly recommended that outside talent be employed to meet with the committee (and others interested in its work) at least once. Acknowledgeable consultant should speak with the committee concerning contemporary trends and problems in health education as they relate to the local district. _____

14. Study framework and features for school health education approved by the State Board of Public Instruction (pages 6 through 13). Get feedback from staff and prepare local framework and feature statements. _____

15. Modify goals and content areas in terms of local statements. The health education curriculum committee should modify the goals and content areas provided in the tool (pages 16 through 27). These should represent an ideal curriculum and assure consistency with those developed above (No. 14). Goals and content should be added or deleted as appropriate. _____

16. Objectives will be written for goals in all the content areas. At this point, the goals and objectives should be duplicated and sent to the entire faculty involved with health education for additions, deletions, reactions and corrections. _____

17. Assess current program in terms of new goals and objectives. The curriculum committee should have teachers assess the degree to which each objective is emphasized in the present instructional program. Each health education teacher should decide the degree to which the objective is emphasized in his/her grade level or course by assessing the degree to which each objective is being met. Appropriate designations should be entered on the form. _____

18. Decide on level of revision required. If major weaknesses and duplications are identified in the program, the health education curriculum committee should recommend a major revision. If only isolation weaknesses are identified, the committee may explore supplements to these ideas only. Individual teachers should be encouraged and assisted in improving areas of weaknesses specific to their grade level or course. _____

19. Examine curriculum materials and program in terms of local needs. _____

20. Observe comprehensive school health education programs and procedures in use in other school districts. _____

21. Develop or revise local curriculum programs. _____

    a. Introduce revised programs and provide teacher in-service. _____

    b. Implement revised program and continue teacher in-service, and in-service new teachers. _____

    c. Evaluate new health education curriculum. _____

    d. Assess student achievement and other indicators of success of the program. _____

    e. Arrange for regular curriculum review; seek input and recommendation from community advisory group. _____

1. Definition

Comprehensive school health education is a continuous process which enables the student to assume individual responsibility for developing and maintaining personal attitudes and behaviors which promote total wellness.

2. The Rationale

Health education consists of two primary components, namely health and education. Health is not a fact, but a unified, generalized, and comprehensive concept with physical, mental, cultural, spiritual values, emotional, and social dimensions. It is a continuum from high level wellness to illness and death. It encompasses knowledge, attitudes, feelings, and practices concerning interaction among individuals, the family, peers, the school, and the community. Education is fundamental for wise decision making in all fields of human endeavor; however, with increasing numbers of social and cultural forces, options, and persuasive influences affecting the quality of life, its importance in matters pertaining to personal well-being is more apparent. Health education is therefore a vital part of every school program. Personal and social goals of modern society, as well as the wise use of human resources, depend upon the linkage of health and education for the well-being of persons and their communities.

Each year, billions of dollars are spent to ensure continued advances in medical research, to prepare manpower for the health professions, to provide health care services, and to build better facilities for research, care and service. Such expenditures, however, do not ensure their use.

Education can help maintain quality services and programs and make them more accessible; education can help promote and maintain optimal health levels; a health education program can and should help students to make knowledgeable decisions regarding health issues. Less than one-fifth of one percent of the funds spent on health care is available for health education purposes. Without health education, health goals will remain remedial and therapeutic with little real advance from generation to generation. It is only when advances are made in realizing all health goals that health education becomes comprehensive.

It is important to remember that: a) education is used as a preventive tool, requiring total community involvement; b) concerned people are the keys to action; c) health problems have causes; d) facts are not enough; action too is needed; e) people make their own decisions; and f) open communication is essential among all.

3. Philosophy.

Health people are essential for an effective society. To achieve optimal health, a person needs a breadth of knowledge about health and the motivation to apply such knowledge to daily living. Information regarding health changes rapidly and must be continuously updated and related to the changing needs of persons at different age levels.

A comprehensive school health program encompasses: a) school health education; b) school health services; c) healthful school environment and d) effective school, home and community relations. The education phase is designed to expose students to health concepts, including wellness and health care, and to help them attain knowledge that can be used to develop desirable attitudes and health behaviors.

School health services undergird the total school program, working closely with the health education component. Health services assist pupils in interpreting health information in relation to their own personal status. This includes guidance in recognizing their individual behaviors which support or threaten attaining the highest level of wellness and what is required to increase their present level of wellness.

The school assumes the responsibility to provide a safe, sanitary, and emotionally healthful environment in which students are provided the opportunity to learn.

A health education program in schools can only be completely comprehensive with the involvement of parents and others in the community. Health education is too important to assume that the total responsibility rests with the school.

Comprehensive school health education should:

* consider ways of preventing individual physical, emotional, and social health problems while concentrating on wellness for all;

* be designed to promote and develop positive attitudes and practices toward the solution of public health problems;

* include instruction in the major areas of physical health, social health, mental health, environmental and community health, and education for life skills;

* be developed and evaluated through cooperative planning by educators, students, parents, and other community members;

* be based upon current and scientifically accurate health information;

* provide the link between health information and health practices;

* be a carefully planned and coordinated K-12 program including direct and correlated instruction in the total school offering;

* focus on the positive aspects of wellness and not be totally centered on the study of health problems;

* facilitate the exploration and use of innovative and creative instructional methods which actively involve students in the achievement of established objectives.

These suggestions have been prepared to address Iowa rural and urban health education needs. The interrelationships of physical, mental, emotional, spiritual values, and social health should be stressed throughout. Health education programs should motivate and teach students to do something with the information they discover; the program should facilitate the application of information to personal lifestyles since health education is the process linking health information, health attitudes, and health behaviors.

It is important to develop a program which helps students to: a) identify which personal and community health goals which are appropriate in their communities; b) learn to make decisions about matters affecting their health; and c) act upon their decisions. A health education program based on these concepts is student-centered rather than content-centered.

It is important for persons who are involved in the development of health education curricula to keep in mind several assumptions for any process of curriculum development:

1. The total curriculum includes the processes of program development, a written program of instruction, suggestions for actual delivery of instruction, and a continuous process of evaluation;

2. Curriculum planning, implementation, and evaluation is a continuous process;

3. Any local curriculum must be based upon the needs of the students and the philosophy and goals of the district.

4. Significant outcomes of the curriculum development and implementation process are the professional growth of all those involved and a written curriculum guide which is used throughout the local district;

5. The specifics of a program will vary when local needs and priorities have been identified;

6. A curriculum outline identifies what presently is provided (real), along with what should be (ideal), and thus serves as a vehicle for change.

The following are some basic features of comprehensive health education which should be considered in developing local curricula:

1. Health education should be a planned, sequential program, K-12. Such a program:

a. focuses on student achievement of desired outcomes

b. includes relevant health concepts at the most appropriate developmental levels of children and youth (there is progession in content and expected outcomes)

c. represents the planned inclusion of basic health education content areas (see pages 19-27).

d. presents current, accurate, scientific knowledge related to current health issues and problems.

e. effects the formation of positive student health attitudes and behaviors

2. Health education is responsive to the needs of students and the demands of society. Students and other citizens are involved in curriculum development in order to assure the inclusion of learning goals related to local health needs, interests, and problems.

3. Effective health instruction cannot be based solely on an adopted text series. The text series tends to encourage the memorization of facts. Rather than this, the instruction should allow students to apply what they are learning through experiments, communication projects, demonstrations, field excursions, visual aids, outside consultants, and group discussion. Such an activity program can do much to strengthen the skills of making wise choices and wise decisions, as well as to offer opportunities for the teaching of thinking skills. In planning for instructional activities teachers are encouraged to use the resources of the many community health agencies and the materials and personnel they have available.

4. Teachers are encouraged to explore innovative and creative instructional techniques which actively involve students in the achievement of the goals and objectives. Such techniques might include small discussion groups, independent study and team teaching.

5. Class size should be maintained at a level which will provide adequate opportunities for interaction among students and between students and teachers.

6. Health education should be a part of the regular, formal instructional program offered in the elementary school. One full year of health education during grades 7-12 is recommended for all students (one unit of credit).

7. Typical classrooms should be provided which facilitate the use of modern teaching and learning resources. The environmental setting should enhance health learning.

8. Sufficient funds should be allocated to provide up-to-date and adequate instructional resources for teacher and students.

9. Title IX requires that health education classes be coeducatonal.

The following is excerpted from a summary of Title IX Regulations:

> Classes in health education...may not be conducted separately on the basis of sex, but the final regulation allows separate sessions for boys and girls at the elementary and secondary level during times when the materials and discussion deal exclusively with human sexuality.

Although individual districts may exercise their own judgment, much value is apparent when the health education is approached co-educationally, K-12.

10. School districts should employ a person who is qualified to assume responsibility for the development, coordination, and implementation of the total health education program. This person should possess appropriate academic credentials, display interest in health education, and serve as a positive role model. Ideally, the person should have a bachelor's degree with a major in health education.

11. Local school districts are responsible for making final decisions concerning curriculum emphasis and content and the manner in which the curriculum is implemented.

12. Local school districts are responsible for scheduling health education. At the middle, junior, and senior high school levels, the method of scheduling health education determines to a large extent the manner in which the curriculum is incorporated into the program. Each district should be aware of the specific health areas which must be included in the curriculum as specified by the Code of Iowa.

13. Teachers involved in health education will need ongoing inservice training, time to plan for instruction, and support and encouragement for their efforts.

14. Health education programs should include well-designed evaluation components which consider both cognitive and affective areas and behavioral areas.

1. Introduction

The following sections contain sample recommended goals, instructional actions, evaluation plans, and plans for program coordination. Local schools and local curriculum groups are encouraged to alter and/or add items, especially specific behavioral objectives, as they develop curriculum materials for the local setting. The items in this instrument are for purposes of discussion and not meant to be prescriptive nor exhaustive.

Placement/use of objectives, concepts or practices in the health education programs should be discussed and determined locally. Following is a suggested system for use with the various sections of the instrument concerned with general concepts, content areas, instruction, and evaluation:

I — Introduce.	The first time presented as planned portion of the district curriculum.
S — Stress.	The objective, concept, or practice to be stressed.
M — Maintain	Review and reinforce objective, concepts, or practices introduced previously.

N — Not application at this level.

2. Goals

There has never been a greater need for dynamic and relevant curriculum in health education. Most health education issues are multi-faceted, requiring critical judgment in order to determine wise courses of action. Young people need guidance to clarify for themselves

what they, as healthy individuals, can believe and value. A major goal of health education is to motivate people to help themselves and others to live healthy, happy, productive lives.

A. PROCESS GOALS

Three process goals are directed toward the fostering of skills that promote optimal growth of learners. They provide opportunities for self-actualization and motivate the student to develop values. The local comprehensive health education program should be planned and evaluated to enable students to grow in self-awareness, to develop skills for effective decision-making, and to grow in coping behavior. Local committees are encouraged to consider these process goals as major dimensions for discussion of general concepts, content areas, modes of instruction, and evaluation which follow.

WHAT EMPHASIS DOES OUR PRESENT/PROPOSED PROGRAM PLACE ON THE FOLLOWING GOALS?

PROCESS GOAL	NONE	LIMITED	ADEQUATE	HIGH	PROPOSED CHANGES
1. Self-awareness. The Students should be provided opportunities to develop a positive sense of identity and self-esteem.					
2. Effective decision-making skills. Such process skills involve the ability to recognize and clarify problems, to reason critically and creatively in developing and evaluating alternative solutions, and to choose and affirm solutions based on a system of values.					
3. Coping behavior. Coping behavior has to do with the ability of the individual to get along effectively in the world. To cope effectively means not only to possess the competencies to deal positively and creatively with life situations, but also to be open or accepting of new experiences, to interact in resolving problems including actively seeking professional advise and assistance, and to participate through social action in the planning of new environments.					

B. CONCEPT GOALS

A major purpose of school health education is to improve the quality of living for the individual, the family, and the community. The following concept goals, built around individual and community needs, may serve as suggestions in the development of local school health education programs. Each school district may add, delete, or alter these concept goals to meet local needs.

WHAT EMPHASIS DOES OUR PRESENT/PROPOSED PROGRAM PLACE ON THE FOLLOWING GOALS?

CONCEPT GOAL	NONE	LIMITED	ADEQUATE	HIGH	PROPOSED CHANGES
1. The family serves to perpetuate humanity and to fulfill certain health needs.					
2. The family, parenting, and human sexuality are inter-related.					
3. Human growth and development follows a predictable sequence, yet is unique for each individual.					
4. Human beings undergo continuous physical, psychological and emotional changes from birth through dying and death.					
5. Practice of sound nutrition enhances physical and emotional well-being.					
6. Personal health practices are affected by a complexity of forces which are often conflicting in nature.					
7. Many diseases and accidents can be prevented by specific practices and behavior.					

CONCEPT GOAL (cont)	NONE	LIMITED	ADEQUATE	HIGH	PROPOSED CHANGES
8. The use of tobacco, alcohol and other drugs may lead to changes in physical and/or mental behavior.					
9. Use of substances that modify mood and behavior arises from a variety of motivations.					
10. The protection and promotion of health is an individual, community and international responsibility.					
11. A variety of community health services and related agencies are available.					
12. Use of health information products and services is guided by values and perceptions.					
13. Solving problems which affect the health of the individual, the community, and the world is the responsibility of each individual.					
14. A relationship exists between physical, social, mental, and emotional health.					
15. Many careers are available in the area of health.					

A comprehensive school health education curriculum should be based on clearly identified student outcomes in each of the following content areas. Each school district may add, delete, or alter these concepts to meet local needs.

THE TEN GENERALLY ACCEPTED CONTENT AREAS INCLUDE:

CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
1. Personal Health...Students will analyze the importance of certain personal health practices as they relate to the process of growth, development, and maintenance of health.			
a. Cleanliness and grooming habits			
b. Care of teeth, skin, nails and hair			
c. Physical fitness and posture			
d. Rest and sleep			
e. Functions of the body systems:			
1) Respiratory			
2) Circulatory			
3) Digestive			
4) Reproductive			
5) Skeletal			
6) Endocrinal			
7) Excretory			
8) Muscular			
9) Nervous			
f. Other			

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CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
2. Food and Nutrition...Students will analyze the importance of proper food selection and consumption as it relates to maintaining and enhancing health of self and others.			
a. Eating habits			
b. Balance in diet			
c. Weight control			
d. Food sources			
e. Composition of foods			
f. Food supplements			
g. Food production			
h. Food storage			
i. Food preparation			
j. Food sanitation			
k. Fads and fallacies			
l. Other			
3. Environmental Health...Students will analyze health activities related to improving health practices and conditions in their environments.			
a. Causes and prevention of pollution			
b. Implication of prevention of pollution growth			
c. Role and functions of agencies which deal with environment			

CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
d. Factors and issues related to changing environment			
e. Environmental protection agencies			
f. Other			

4. Safety and Survival Skills...Students will analyze natural and man-made environmental factors which influence health and safety; they will analyze ways in which certain environmental hazards can be modified and controlled.

a. Safety and injury prevention measures to be followed at/with:			
1) Home			
2) School			
3) Playground			
4) Streets/roads			
5) Water			
6) Bicycles			
7) Motorized vehicles			
8) Work			
9) Recreation			

CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
b. Measures and techniques to deal with:			
1) Physical fitness			
2) Accidents (e.g. CPR and Heimlich method)			
3) Natural disasters			
c. Laws and/or regulations related to safety and accident prevention			
d. Survival skills related to the environment such as:			
1) Weather			
2) Lack of food			
3) Water			
4) Shelter			
5) Being lost			
e. Other			
Consumer health...Students will apply relevant criteria in the selection of health information and products.			
a. Classification and selection of available health care and services:			

CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
1) Medical			
2) Dental			
3) Community			
4) Social services related to health			
5) Other			
b. Controversial forms of health care such as:			
1) Superstitions			
2) Folk medicine			
3) Quackery			
4) Other			
c. Comparing costs in health care:			
1) Drugs			
2) Insurance			
3) Medical personnel			
4) Hospital			
d. Evaluating commercial appeal of health related products and services			

CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
1) Medical			
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CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
e. Consumer protection			
1) Agencies			
2) Services			
f. Other			
6. Family Life...Students will analyze the individual roles, responsibilities, and interaction of family members; they will consider the cycle of life from birth to death.			
a. The family:			
1) Structure			
2) Roles			
3) Responsibilities			
b. Parenting and health promotion:			
1) Role			
2) Responsibilities			
c. Understanding sexual development and maturation:			
1) Normal			
2) Deviant behavior			
d. Other			

CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
7. Substance Use and Abuse...Students will analyze information concerning the effects of various mood and behavior modifiers; they will be able to employ decision-making skills for making decisions regarding the use or nonuse of these substances.			
a. Knowledge of common substances including opiates, amphetamines, barbituates, tobacco, alcohol, etc.			
b. Effects of tobacco, alcohol and drugs on:			
1) Human body			
2) Society			
3) Economics			
c. Referral agencies or personnel for drug abusers or: potential abusers:			
1) Community resources			
2) Hotlines, etc.			
d. Other			
8. Emotional and Social Health...Students will analyze values which contribute to the development of personal and social maturity and successful interpersonal relationships.			
a. Dealing with Problems			
1) Feelings			
2) Stress			
3) Death and dying			

CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
4) Peer influence			
5) Self concept			
b. Dealing with Societal Problems			
1) Child abuse			
2) Suicide/homicide			
3) Rape			
4) Other crime			
5) Violent behavior			
c. Other			
9. Prevention and Control of Disease...Students will analyze the role which medical research and environmental changes have played in disease prevention and control.			
a. Common communicable diseases and disorders			
b. Sexually transmitted diseases			
c. Cause, treatment and prevention of major diseases			
d. Historical and current research, as it relates to control, prevention and treatment of illness and disease			

CONTENT AREAS:	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-123)	Comments on How Changes Are to Be Accomplished
e. Individual responsibility			
f. State laws on immunization and disease control			
10. Health Resources and Careers...Students will analyze community health services provided by local, state, and national agencies; they will gain an awareness of career opportunities in health.			
a. Role and function of health service agencies in solving community health problems			
b. Career and vocational opportunities within the health field:			
1) Professional careers			
2) Volunteerism			
c. Funds for health			
d. Community resource services			
e. Other			

SUMMARY OF CHANGES NEEDED AND COMMENTS ON HOW THEY ARE TO BE ACCOMPLISHED

INSTRUCTION

Health instruction should make students aware of the importance of health in their daily lives. As a result of such instruction, students should have information upon which to base intelligent decisions and develop skills for applying these decisions in daily living. Health education should be related to life and should go beyond the classroom into the community.

4. INSTRUCTION	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-12)	Comments on How Changes to Be Accomplished
1. Direct Instruction—direct health instruction is carefully planned, follows a definite course, and is given at a specific time in the regular schedule. Health instruction should stress the development of positive habits and attitudes, not merely the acquisition of knowledge. To be effective, such instruction must be developed from experiences with which students are involved directly. The materials used in the instructional program must be adapted to the needs, interests, and capabilities of the student. Learner process including decision-making skills, critical thinking, moral reasoning, goal setting, and valuing should be emphasized.			
2. Correlated Instruction—correlated health instruction may be considered collateral or supplementary to direct instruction. Health education			

4. INSTRUCTION (Cont)	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-12)	Comments on How Changes to Be Accomplished
is a continuous process and no one method of incorporating health education into the curriculum will suffice. All opportunities for providing health information, influencing health behavior, and developing a better understanding of health should be used. Health education is the product of a variety of experiences in the home, school, and community.			
3. Incidental Instruction—incidental health instruction is the stimulation for learning about health provided in the school, home and community-at-large outside the regular curriculum of the school. Surely the role of parents is a vital one in developing desired student behavior with respect to health. Ideally, actual community issues, problems and concerns can be used with advantages to enhance direct and correlated health instruction.			

SUMMARY OF CHANGES NEEDED AND COMMENTS ON HOW THEY ARE TO BE ACCOMPLISHED:

5. EVALUATION

Students, teachers, parents and others should be involved in the evaluative process. The evaluation efforts should reflect the various dimensions of health, namely physical, mental, emotional, social, and spiritual values. The evaluation plan should reflect the specific learning experiences which involve the community-at-large. Some possible data sources include:

5. POSSIBLE SOURCES OF EVALUATIVE DATA	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-12)	Comments on How Changes to Be Accomplished
1. Student input concerning the degree to which school health education is meeting personal needs.			
2. Teachers involved meet with coordinator on a regular basis for program planning			
3. Achievement information is collected on a regular basis and reported to students, parents, and community.			
4. Specific information is sought from school and community leaders (concerning comprehensive health education).			
5. Student self-assessment is structured into the program.			
6. Information is collected for the attainment of each goal/objective.			

5. POSSIBLE SOURCES OF EVALUATIVE DATA	Current Placement (K-3) (4-6) (7-9) (10-12)	Desired Placement (K-3) (4-6) (7-9) (10-12)	Comments on How Changes to Be Accomplished
7. Students are more aware of health services and products as a result of instructional programs.			
8. The school environment is more healthful as a result of a comprehensive health program.			
9. Parents and others in the community are involved with instructional programs.			
10. As health information is increased, student actions concerning health improves.			
11. A review of health records is conducted as one means for assessing the effectiveness of program.			

6. Epilogue: COORDINATION AND COOPERATION

For effective health education, the school health education program must be designed to obtain maximum cooperation and coordination within each school and school system, and between each school and the community.

Effective coordination of all phases of the program is essential in promoting the healthful development of all students. The designation of a school person to fulfill the role of health education coordinator is vital to the successful development, coordination and implementation of the program. The coordinator serves as a liaison with parents, community groups, health agencies, and health-interest groups as a communication link within the total school.

Cooperation must exist among school personnel, community health agencies and health professions designed to promote and maintain health. Intelligent home and school care must supplement each other. The vital role of parents in health education should not be ignored by the teachers and the coordinator for comprehensive school health education. Community involvement and cooperation in health education is important for achieving maximum development of each student physically, mentally, spiritually, emotionally, and socially.

It is recommended that a school/community advisory committee be constituted in each district. Such a committee should meet periodically with the school coordinator and the school health education committee. The local committee should develop and maintain a list of local resources (agencies, facilities, and persons) for enriching the local health education program.

APPENDICES

APPENDIX 1

SCHOOL HEALTH AND THE IOWA CODE

Following are three references in the Code of Iowa which affect health institutions in Iowa schools. These regulations should be considered in each curriculum committee study and plan for their K-12 program:

1. Legislation and Regulations

A. 257.25(3)

3. The following areas shall be taught in the grades one through six; English-language arts, including reading, handwriting, spelling, oral and written English, and literature; social studies, including geography, history of the United States and Iowa, cultures of other peoples and nations, and American citizenship, including the study of national, state, and local government in the United States; mathematics; science, including conservation of natural resources and environmental awareness; health and physical education, including the effects of alcohol, tobacco, drugs and poisons on the human body; the characteristics of communicable diseases; traffic safety procedures; music; and art.

(Grades 1-6)

B. 257.25(4)

4. The following shall be taught in grades seven and eight as a minimum program; science, including conservation

(Grades 7-8) of natural resources and environmental awareness; mathematics; social studies; cultures of other peoples and nations, and American citizenship; English-language arts which shall include reading, spelling, grammar, oral and written composition, and may include other communication subjects: health and physical education, including the effects of alcohol, tobacco, drugs and poisons on the human body, the characteristics of communicable diseases, including venereal diseases and current crucial health issues; music and art.

C. 257.25(6)(j)

6. (j) Health education, including an awareness of physical and mental health needs, the effects of alcohol, tobacco, drugs and poisons on the human body, the characteristics of communicable diseases, including venereal diseases and current crucial health issues.

(Grades 9-12)

*Note: The State Board of Education is considering recommended changes in the above wording. The term, "comprehensive School Health Education" may be inserted into the State Code. Basically any legislative changes will not alter the effectiveness of the use of this tool in curriculum evaluation.

APPENDIX 2

MODELS FOR PROMOTING A COMPREHENSIVE SCHOOL HEALTH EDUCATION PROGRAM

Initiating and maintaining a comprehensive school health education program is a complex undertaking. Unlike many curriculum areas, health education is included in many traditional departments. An effective school health program involves many people if the program is to be comprehensive and effective.

Figure 1 is a model for organizing programs in school health education. It provides a means for graphically noting the parameters for school health education, the planning, instruction/implementation, and evaluation components, the persons associated with each phase, and the support resources which should be used.

Figure 2 graphically illustrates the interrelation of health instruction, health services, and a healthful school environment, the three major components of a comprehensive school health program. The purpose of this publication, however, is to provide guidance for implementation of only one of these components—school health instruction.

Figure 1

Organizational Model for Comprehensive School Health Education in Iowa

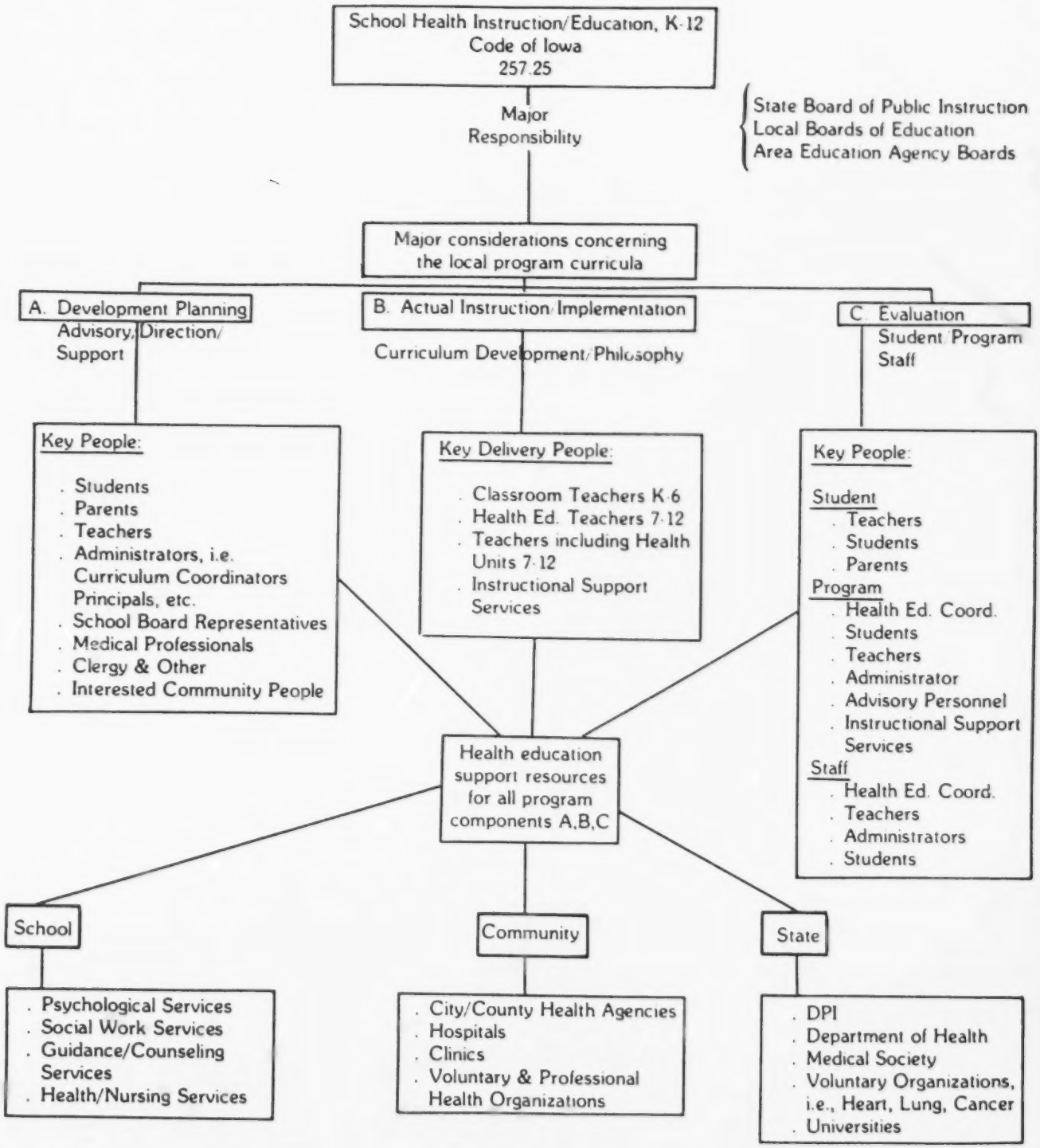
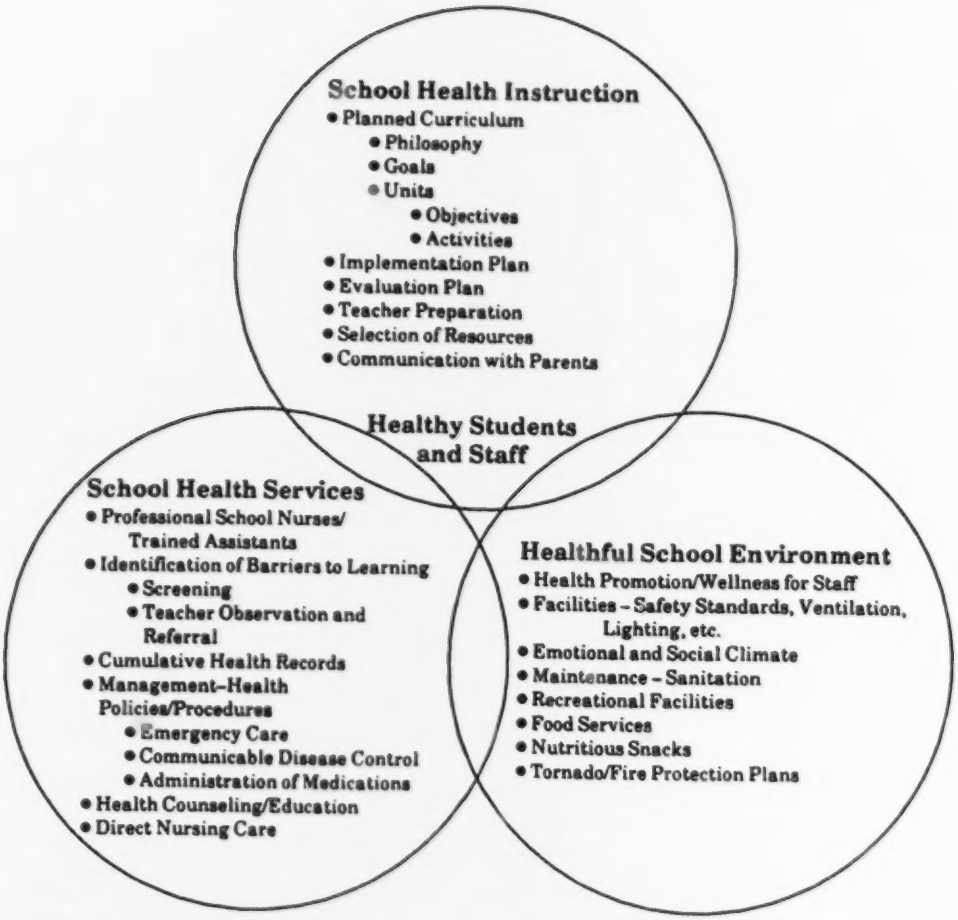


Figure 2

The Comprehensive School Health Program



*Adopted from the Wisconsin Dept. of Public Instruction Health Education Curriculum Guide.

APPENDIX 3

INSTRUCTIONS FOR USING THE

COMPUTERIZED CURRICULUM GUIDE.

The program is a supplement to "A Tool for Assessing and Designing Comprehensive School Health Education" and is published by the Iowa Department of Public Instruction. It builds on the framework and conceptual areas presented in that manual and the user should be familiar with the content of that publication prior to using the computer program. To use the program you must have either an APPLE II v (plus, e, or, c) computer with at least 64K of memory. If you are unfamiliar with computers, ask the person responsible for your computer service. The program requires no previous experience with computers and is designed to be "user friendly".

This program will provide you with the information necessary to shape the health education curriculum of your school to meet the needs and interests of your students and community. Recommendations are provided for you, but the program also gives you almost unlimited flexibility in the design of your curriculum.

The program will ask you if you desire to complete an elementary or an secondary curriculum, you may choose one of the levels for each sessions. You will be lead step-by-step through each grade level and asked to select or enter specific units in each concept area for your schools. Since schools differ widely in their organizational patterns, it will be necessary for you to indicate the actual time allotment (in days) for this program.

The time allotments and units selected will then be incorporated for your school and each of the identified scope areas. The program will complete a scope chart indicating the percentages of the total time allotted in each area. Finally, the program will also allow you to receive a printout of the curriculum which you have designed for inclusion in your school's Health Education Curriculum Guide.

This program can be particularly useful if the units are changed on a regular basis. This is often done to provide students with a greater variety of offerings from year to year or when the school uses selective scheduling and the units change based upon the students interest.

1. Do not turn the computer on before inserting the disk! To begin, place the disk in the disk drive slot (with the labels up and the notch to the left) and turn on the computer (the switch is usually on the back, left corner of the computer).

2. You will automatically receive instructions on the screen. After reading the instructions press the [Return] key as requested.

3. You will be asked to select the level where you will like to begin the program. Use the arrow keys (< > or U, D keys on an APPLE II plus) or the number keys to choose a level.

1. K-3

2. 4-6

3. 7-8

4. 9-12

Hit the Return key to proceed.

4. If this is your first session with the program, select N for a new session. If you want to update your curriculum, you would select C.

5. You will be presented with scope areas for K-3, 4-6, 7-8, or 9-12 depending on the grade level you selected. The following list represents the content areas available for your Health Education Program.

Scope Categories

Personal Health

Food & Nutrition

Environmental Health

Safety Survival Skills

Consumer Health

Family Life

Substance Use and Abuse

Emotional & Social Health

Prevention & Control of Disease

Health Resources & Careers

It would be an good idea to push the ? key to get instructions like the ones below.

> Instructions: A number of scope areas are presented for you to consider for inclusion in the curriculum. The number of areas which you may select is determined only by the amount of time you would like to spend. At the end of each level, you can ask the program to construct a scope chart based on the decisions that you made selecting content areas and the number of days that you indicated would be used for each unit.

Press Q To quit and save the session.

A To accept the list.

S To save the list.

P To print the screen.

F To read footnote with the content area definitions.

ESC To erase the last digit.

Space Bar To select or deselect an area.

To move up to an new area (U on the APPLE 11 +)

To move down to a new area (D on the APPLE computer)
(or use the number key which corresponds).

You may want to experiment a little with the first session, so try moving around with the arrow key (numbers or U, D on an APPLE 11 plus).

6. Once the content areas have been selected, the program will present you with units for instructions for each area. Since many of us use similar names to describe units, you are asked to select specific units from a list. This is done by moving up or down to the unit and the pressing the [Space Bar] to select or deselect a unit. The number of units that you are to select is determined only by the amount of time you would like to spend. You will also need to enter the number of days which will be used to present each unit in each content area (note: you cannot enter days for an area which has not been selected). The instruction for this area are:

Instructions: A number of units are presented for you to consider for inclusion in the scope area. The number of units which you may select is determined by the amount of time you would like to spend on each unit. This will be indicated by the number of days which will be used to present each unit in this scope area. At the end of each level, the program will construct an scope chart based on the decisions which you have made and the number of days that you indicated would be used for each unit.

PressQ	To quit and save the session.
A	To accept the list
B	To back up to the previous list.
C	To construct the scope chart.
S	To save the list.
P	To print the screen.
F	To read footnote with content area definitions.
0-9	To add a digit to the right.
ESC	To erase the last digit.
Space Bar	To select or deselect a unit.
	To move up to a new unit (U on the APPLE II plus)
	To move down to a new unit (D on the APPLE II plus)
<	To move left to units (L on the APPLE II plus)
>	To move right to units (R on the APPLE II plus).

Press any key to return to the content area list

You may want to experiment a little with the first session, so try moving around with arrow keys (or U, D, L, R on an APPLE II plus).

7. If you want to add and select a unique or different unit, the program will allow you to accomplish this task. Move to the space at the

bottom of the list which is numbered, but does not have a unit identified. It is important to notice that you cannot just start typing the names of the units. You must first hit the [ESC] key. This is done so that the computer can recognize the entry as an unit name and not a command (like P for print or A for Accept). Once you have typed in the new name, hit the [Return] key, and it will be entered as a part of your list and will be selected by hitting the space bar.

8. When you have adjusted the units to meet your needs, you can save the list by typing S, print the list by typing P, or accept the list and move on to the next list by typing A. It is a good idea to save the session often, just case something should happen. You may also like to "Print as you go" so that it is easier to remember what units were covered in the previous grade level. You will be able to come right back to where you were without having to start the program again.

9. When you get all the units selected, the program will take you to the next scope area. At any time during the process, you can construct the scope chart which have created by typing C. This will give the chance to see the percentages in each as you completed the curriculum. From the complete scope chart, you can also move to any part of the program (note:you cannot move to any part of the program which has not been entered).

10. When you have completed a session, you should select Q to quit and to save. You can then get a complete printout of your curriculum with the scope chart and the units selected.

11. Any time in the future that you wish to modify the scope chart or the units, all you have to do is insert the disk and when asked, select C, "continue on old session" and make your modifications.

APPENDIX 4

EXEMPLARY PROGRAMS*

More than 120 serviceable curricula are readily available to school districts for examination, study, and adaptation. They are listed in A Comprendium of Exemplary School Health Education Classroom Programs and Teaching and Learning Resources, produced by the Centers for Disease Control, in Atlanta.

From this compendium we draw selected items covering elementary and secondary programs and illustrating the variety of topics.

Exemplary Programs:K-12

Casper(Cambridge and Somerville Program for Alcohol Rehabilitation), Somerville, Massachusetts. Grades 3-12. This program was developed by educators in Somerville to prepare students to make responsible decisions about alcohol use. It relies on exposure to repeated, consistent, unemotional messages about drinking through structured, student-centered school activities, formal and informal peer influence, and a positive community atmosphere. The program has been validated for national dissemination. For information: Lena DiCicco, Director, Casper, Inc. 226 Highland Ave., Somerville, MA 02143.

School Dental Health Education Curriculum, Tampa, Florida. Grades K-12. Modules are used to educate children about proper oral health care and the availability of dental health care services. The school modules deal with preventive dentistry, oral health and disease, consumer health, and dental careers. High school modules cover consumer health, career education, and parent's role. For information: Robert M. MacDonald, Association, 3021 Swann Ave., Tampa, FL 33609.

Health Education Risk Reduction, Normal, Illinois. Grades K-12. This is a multi-faceted project combining community health and educational agencies to support and carry out activities that should reduce health risk among schoolage children. Risk areas include obesity, smoking, alcohol abuse, lack of exercise, stress, and hypertension. For more information:Ann E. Nolte, Health Education Program, Department of Health Sciences, 103 Moulton Hall, Illinois State University, Normal, IL 61761.

Health Care for Life, Eugene, Oregon. Grades K-12. This comprehensive program emphasizes lifetime health skills and the application of knowledge in ten major content areas. It consists of 118 separate teaching packages, each of which deals with a separate skill. Educators can select those that meet their community needs. For more information: James A. Terhune, Health Skills for Life, 20 East Thirteenth Ave., Eugene, OR 97401.

Healthy Mothers Healthy Babies, White Plains, New York. Preschool through high school. This March of Dimes-funded curriculum, prepared by the Association for Supervision and Curriculum Development, stresses the things students need to know to promote healthy childbirth and responsible parenthood. Materials include 64-page guide and chart outlining key concepts and objectives at each grade level. For information: Robert Goldberg, Assistant, Director, March of Dimes Birth Defects Foundation, 1275 Mamroneck Ave, White Plains, NY 10605.

"Here's Looking at You Two," Seattle, Washington. Grades K-12. Through different activities at each grade level, this curriculum provides students with facts about alcohol/drug use and abuse. It helps them develop decision-making skills, methods of coping with problems and better

self-concepts. Teachers can present "Here's Looking at You Two" as a special unit or integrate the learning concepts into traditional subject areas. For Information: Roberts and Associates, 9131 California Ave. S.W., Seattle, WA 98136.

Lincoln School Health Education Program, Lincoln, Nebraska. K-6, 8 and either 10, 11, or 12. The elementary level program aims at helping children develop good health habits and attitudes by providing them scientifically based on knowledge and by incorporating good health practices into the regular routine at school and at home. Materials use a discovery approach and integrate into other subject areas. The senior high section concentrates on preparing students to think critically about their health and community health problems. For Information: Dean A. Austin, Consultant for Health and Physical Education, Lincoln Public Schools, P.O. Box 82889, Lincoln, NE 68501.

Nutrition Education and Training Program, Columbus, Ohio. Preschool-grade 12. This curriculum was developed by the Ohio Department of Education. The contents integrate nutrition with activities for developing basis skills in math, social studies, language arts, science, and health. The cafeteria is treated as an integrate part of the educational process, a learning laboratory where students practice making food choices. For Information: Harold Armstrong, Coordinator, Nutrition Education Training Program, Ohio Department of Education, 65 South Front St., Columbus, Ohio 43215.

Project Prevention, The Dallas, Oregon. Grades K-12. This curriculum provides students with prevention skills, including those that concern decision making and communication. It can be adopted in its entirety, but

aspects can be integrated within an existing health program. Objectives include self-concept, applying first aid, understanding human growth and development from conception through death, making decisions and communicating in stressful situations, and locating health resources and services. For information: Howard Gonser, Project Director, Chenowith School District, 3632 West 10th St., The Dallas, Oregon 97058.

Providence Plan for Improved Health and Nutrition, Providence, Rhode Island. Grades K-3. This curriculum consists of a series of sequential lessons plans covering structure and function of the human body, nutrition, dental, health, and mental health. Lessons can be integrated into language arts, math, social studies, and science. For information: Louis A. Marciano, Chief, Office of Health Promotion, Rhode Island Department of Health, 103 Cannon Building, 75 David St., Providence, RI 02908.

Drug/Alcohol Education Program, Conway, Arkansas. Grades K-6. Purposes of curriculum are to develop a positive self-concept in young students and provide them with information about drugs and how chemicals affect the body. It emphasizes maximum student participation. For information: Department of Health Education, University of Central Arkansas, P.O. Box 1776, Conway, Arkansas 72032.

Health Activities Project, Berkeley, California. Grades 4-8. This program starts students thinking about their health and safety through hands-on, discovery-type activities. Its main purpose is to make them more aware that they can control what happens to them. For example, students learn to measure blood pressure, make plaster impressions of their teeth

and monitor air for dirt and dust. For information: David R. Buller, Director, Health Activities Project, Lawrence Hall of Science, University of California, Berkeley, CA 94720.

Health Education Curriculum, Canton, Ohio. Grades K-6. This curriculum provides comprehensive health education to students that fosters lifelong values regarding physical, mental, and, social health. The six major content areas are: Family Living; Growth and Development; Drugs, Alcohol, and Tobacco; Safety; Environmental; Community and Mental Health; and Nutrition. For Information: Margaret Kirkpatrick, Director, United Way Health Foundation, 618 Second St. NW, Canton, OH 44703.

Project CHEK, Comprehensive Health Education for Kids, Lansing, Michigan. Grades K-8. At the K-5 level, this program offers a full year of learning activities covering ten major topic areas of health. The topics are arranged in five modules that are repeated in a sequential format at each grade level. Each part of the 6-8 program has its own set of the ten topic areas. For Information: Delores Unsicker, Project CHEK, Department of Health Education, Wayne State University, Detroit, MI 48202.

Exemplary Programs:8-1

Self-discovery, Boston, Massachusetts. Grades 8-11. This is a program for junior and senior high school students that is reinforced by family and community activities. Its structure flexible and can be adapted to meet the needs of the schools and community. It contains motivating strategies with factual information to help teenagers expand their range of positive health choices. For information: Carol Bershad, Project Director, Learning for Life, Management Sciences for Health, 165 Allandale Road, Boston, MA 02130.

Skills for Living (Project of the Quest National Center), Columbus, Ohio. Grades 9-12. The Quest curriculum, a companion book for students, and student journals form the core of this program. It is based on what 2,000 high school students said concerned them most in life. It focuses on helping students and parents learn basic skills in problem solving communication, self-esteem, and conflict resolution, and teach them to apply these skills to areas of concern identified in the student survey. For information: Rick Little, President, Quest National Center, 4360 Maize Road, Columbus, OH 43224.

*Pine Patricia Promoting Health Education in Schools-Problems and Solutions, AASA Critical Issues Report, Arlington, Virginia, American, Association of School Administrators, 1985.

APPENDIX 5

NDN (NATIONAL DIFFUSION NETWORK)

SAMPLE PROGRAMS

The National Diffusion Network has a number of exemplary programs for school health education. For further information contact:

Dave Lidstrom
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146
Phone: (515) 281-3111

Following are several samples of the National Diffusion Network school health education programs:

GROWING HEALTHY (Incorporating the Primary Grades Health Curriculum Project and the School Health Curriculum Project). A comprehensive health education program designed to foster student competencies to make decisions enhancing their health and lives.

Audience Approved by JDRP for students of all abilities, grades K-7.

Description Growing Health includes a planned sequential curriculum, a variety of teaching methods, a teacher training program, and strategies for eliciting community support for school health education. It involves students, teachers, educational administrators, other school staff, community health personnel, and the families of participating students. Through group and individual activities, children learn about themselves by learning about their bodies. There is one 8-12 week unit for grades K through 6 and a semester course for grade 7. Each grade studies a separate unit specifically designed for that age group. The units include: An introduction of the five senses, feelings, caring for health, and general health habits; the senses of taste, touch, and smell and their roles in communicating health and muscular systems; the digestive system; the respiratory system; the circulatory system; and the nervous system. Throughout all grades health information about safety, nutrition, environment, drugs and alcohol, hygiene, fitness, mental health, disease prevention, consumer health wellness, and lifestyle is explored and reinforced. Access to a variety of stimulating learning resources including audiovisuals, models, community health workers, and reading materials, is abundantly provided. The providing situations in which they may assume responsibility, research ideas, share knowledge, discuss values, make decisions, and create activities to illustrate their comprehension and internalization of concepts; attitudes and feelings. The curriculum has been developed to enhance other school subjects such as reading, writing arithmetic, physical education, science, and the creative arts. As teachers become familiar with the subject matter during training, they simultaneously learn teaching arts and teaching methods. The teacher uses a learning center approach, which allows children to move about the room, explore resources, and work together in groups. Twenty-four separate studies were completed between 1964 and 1978 to ascertain effectiveness. A recent review and synthesis of these studies indicates that GROWING HEALTHY was effective in increasing health-related knowledge and providing positive health-related attitudes.

Requirements GROWING HEALTHY requires a school team comprised of two classroom teachers, the principal, and one or more curriculum support persons to: receive training in the grade level being adopted; utilize GROWING HEALTHY teaching materials; involve school administrators, parents, and representatives of community health organizations in the project; and offer a GROWING HEALTHY training workshop for others after the first year.

Costs Teacher training costs of approximately $2,500 can be shared by as many as eight teams (32 members including 16 teachers). Nonconsumable instructional materials cost range from about $900 to $4,000 per district per grade level. Consumable instructional materials cost about 4500 per district per grade level.

Services Awareness materials are available at no cost. A Project Facilitator has been appointed in each state to supply information and assistance. Visitors are welcome by appointment at project site and additional demonstration sites. Project staff are available to attend out-of-state awareness meetings (all expenses must be paid). Training is conducted at project site (all expenses must be paid). Implementation and follow-up services are available to adopters (costs to be negotiated).

Contact Kathleen Middleton, Director: School Health Programs, National Center for Health Education; 2190 Meridan Park Blvd., Suite G, Concord, CA 94520. (415) 676-2813.

HAVE A HEALTHY HEART. A heart health curriculum and aerobic fitness program for regular classroom, physical education, science, and health teachers and their students.

Audience Approved by JDRP for students in grades 4-6. Additional components are offered and available for grades 7 through 8.

Description There is evidence to suggest that several factors associated with heart disease are related to habits acquired in childhood. The developers of this program assume that educating children about such relationships and teaching them health-promoting habits have great potential for reducing the impact of heart disease. Conducted either within the regular classroom or as part of a physical education, science or health period, this supplemental health course consists of separate fitness and lifestyle units, each with its own set of student materials. Developed in cooperation with sports medicine physicians and members of the American Heart Association's Heart, Health, and the Young Committee, the Fitness Book (third-grade readability level) contains information on setting up and maintaining a personal aerobic fitness program. Developed in cooperation with cardiologists, biomedical researchers and dieticians, the Lifestyle Booklet (fourth-grade readability level) conveys information on heart disease. Skillpaks containing mazes, puzzles, word scrambles, quizzes, and other activities reinforce concepts taught in the two student booklets. Student materials are used in the classroom for approximately 30 minutes two or three times a week. Students also participate in an aerobic fitness program. (No medical release was required for participating students at the project site. Local physicians determined that students healthy enough to take part in school physical education program activities could participate without risk. (They perform aerobic exercise at their target rate for approximately 20 minutes three times a week. Teachers supervise and participate in all student activities. Project-developed teacher

materials include a teacher's manual, a fitness program kit, four videotapes, and resource/enrichment packets.

Evidence of Effectiveness--Six school districts participated in the pilot and field test of HAVE A HEALTHY HEART. Gains for all groups on the project tests were significant at the $p.<.001$ level.

Requirements HAVE A HEALTHY HEART can be implemented in regular classrooms, science or health classes, physical education programs, or a combination of all of the above. No special materials are required. Participants should come to the workshop prepared to do aerobic dance, dissect beef hearts, and make smoking machines. Running shoes should also be worn.

Costs The cost for a one-day training workshop and required materials is $125 per participant. Materials include the following: An implementation manual, fitness and lifestyle tests, beef heart dissection packet, smoking machine packet, relaxation packet, Fitness booklet, Lifestyle booklet, Heart Test booklet, student booklet skillpaks, sweatbands, heart decal, HHH button, and an HHH t-shirt.

Services Awareness materials are available at no cost. A color awareness videotape is available on loan. Training is usually conducted at a regional site. Follow-up services are available.

Contact Sherry Avena; Have a Healthy Heart; 4095 173rd Place, S.E.; Bellevue, WA 98008. (206) 746-0331.

MUSCOGEE HEALTH PROJECT (Health Through Science). A comprehensive health education curriculum.

Audience Approved by JDRP for all students in a normal classroom setting in grades K-12.

Description The Muscogee Health Project is a comprehensive health education program which provides effective health instruction on each grade level. The program may be implemented by elementary, science, physical education or health teachers after only one day of teacher training. Adopting systems may elect to adopt from one to all grade levels. The curriculum guides are organized around clearly defined health objectives with a format which includes: general objective, measurable objective, content, activities, resources, student materials, and teacher materials. Primary emphasis is placed on building a health knowledge base which may be used to establish positive health behaviors. Student activities emphasize active learning and include the following process skills: observing, classifying, predicting, inferring, measuring, interviewing, experimenting, reporting, decision making, and examining relationships.

A series of tests were developed to measure the achievement of the student objectives found in the course of study. These tests may be used to determine the effectiveness of the program at the adopter site. Teachers implementing the program are strongly encouraged to make diagnostic use of the pretest results.

Requirements Implementation requires that the adopter/adapter follow the Muscogee Health Project curriculum guides and devote 30 hours of instructional time for grades K-7, 45 hours to grade 8, and one semester to each of the high school courses. At least 85% of the objectives listed for the Muscogee Health Project must be addressed per grade level of implementation. Teachers implementing the program must receive one day of inservice training by project staff. The minimum commercial materials identified by the parent project must be provided to teachers implementing the program.

Costs The cost of implementing the Muscogee Health Project includes the following: teacher training fee of $150, travel expenses for trainer, commercial student materials at $50-$225 per grade level, and courses of study at $6.00 per grade level.

Services Awareness materials are available at no cost and will be sent upon request. The project staff is available to make awareness presentations to groups of educators (costs to be negotiated). Training is available to be conducted at the adopter site with the training fee and travel expenses being paid to the Muscogee Health Project. Project staff will assist local school systems in adapting the project to local needs. Implementation and follow-up services are available to adopters (travel expenses paid by adopter).

Contact Dr. Carolyn Russell, Project Coordinator; Muscogee County School System; 1532 Fifth Ave., Columbus, GA 31901. (404) 324-5661, ext. 270.

PHYSICAL MANAGEMENT: Adaptive physical education designed to meet the needs of overweight students.

Audience Approved by the JDRP for overweight students, grades 10-12. The program has been used in other settings with grades 7, 8, and 9.

Description The Physical Management Program was developed to give overweight students grades 10-12, the knowledge and opportunity to interrupt the cycle of obesity and inactivity that prevents a fully healthy and effective lifestyle. More specifically, PM seeks to:

1. Set the stage for positive change by providing structured practice in social skills, assertiveness, and goal setting.

2. Provide practical nutrition education to students by teaching good group selections, portion control, and caloric density of foods.

3. Enable students to evaluate the physical condition and body composition, and to design a conditioning program for themselves based on the principles of exercise prescription.

4. Replace inappropriate eating habits which have led to obesity and poor physical condition.

Enrollees may earn either a required or elective physical education credit for their participation.

Participants (grades 10-12 in the Physical Management Program) have demonstrated significantly greater reductions ($p<.05$) in body weight and percentage of body fat, and significantly greater increases in levels of physical fitness (p .05) than comparable nontreatment students (enrolled in standard Physical Education) when assessed by selected fitness and body composition measures.

Requirements Physical Management can be implemented in schools of any size with minimal cost and adaptation. Testing may be as extensive as the materials that are available within the school. The minimum requirements are a balance beam scale, a set of skinfold calipers, a stopwatch, and a personality assessment instrument. All instructional materials and test protocols are included in the program training manual. A program administrator's packet contains the necessary parent/physician consent forms, curriculum guides, a resource bibliography and recordkeeping guidelines.

Costs No new staff or special facilities are required and testing equipment is minimal. Costs for a two-day training session, including materials, is $850 plus travel expenses. Maximum enrollment is 30.

Services An awareness packet and a 15-minute video presentation of an existing program with administrator, parent, and student interviews are available at no cost. Project staff are available to attend awareness meetings (cost negotiable). Implementation and follow-up services are available to

adopters at local sites. Visitors are welcome at the project site by appointment.

Contact Eileen Solberg, Project Director, Physical Management Project, P.O. Box 891, Billings, MT 59103; (406) 252-4822.

APPENDIX 6

HEALTH PROGRAMS AND TEXTBOOKS

The following listing is representative of the types of commercials programs which are available for K-12 Health Education.

Publisher	Title	Grades	Copyright
Bennett	Finding my way	7-9	1985
Dushkin	Health	11-12	1986
	Human Sexuality	11-12	1986
Harcourt, Brace	Essentials of Health	9-12	1986
Jovanovich	HJB Health	K-8	1983
Harper & Row	Human Body in Health/	11-12	1983
	Disease Structure/		
	Function Human Body	11-12	1983
Holt, Rinehart &	Modern Health	9-10	1985
Winston	Modern Sex Education	9-10	1985
Laidlaw	Good Health for You	K-8	1983
Macmillan	MEC:Health Today	11-12	1983
McDougal, Littell	Building Better Health	1-8	1983/84
McGraw-Hill/Webster	Health & Safety for You	7-12	1984
Charles E. Merrill	Aging, Dying, and Death	5-8	1984
	Being Safe Around		
	Strangers	2-4	1984
	Family Living	2-4	1984
	Family Living w/Human		
	Reproduction	5-8	1984
	Health:Focus on You	1-8	1984
	Veneral Disease	5-8	1984

Publisher	Title	Grades	Copyright
C.V.Mosby	Better Living & Breathing	11-12	1983
	Can You Prevent Cancer?	11-12	1984
	Consumer Health	11-12	1984
	Drugs,Society,& Human Behavior	11-12	1984
	Handbook of Alcohol Information	11-12	1983
	Personal and Community Health	11-12	1983
	Woman's Pharmacy	11-12	1983
Prentice-Hall	Health	10-12	1984
Random House	Life & Health	10-12	1984
Scott,Foresman	Choosing Good Health	K-8	1984
	Fitness for Life	7-8	1984
Steck Vaughn	Health	1-8	1983
Wadsworth	Drugs & Society	11-12	1984
	Human Sexuality	11-12	1984

APPENDIX 7

PUBLICATIONS:

Journal of School Health (JOSH)

Official Journal of the American School Health Association (AHSA)

1521 S. Water Street

P.O. Box 708

Kent, Ohio 44240

Contacts: Dana A. Davis, executive director, AHSA; R. Morgan Pigg, Jr., editor. JOSH publishes material related to health promotion in school settings in 10 monthly issues, August-May.

Current Health 1 (grades 4-7 and Current Health 2 (grades 7-12)

General Learning Corporation

P.O. Box 310

Highwood, Illinois 60040

These publications, published monthly September through May, contain timely health information at a level which students can understand and appreciate. Included is a free monthly Teacher's Edition for each publication.

FITNESSGRAM, a program designed to measure and improve youth fitness. Contact Nadine Z. Genet, PRESIDENT'S COUNCIL OF PHYSICAL FITNESS AND SPORTS, Washington, D.C. 20201

Health Education, Association for the Advancement of Health Education, 1900 Association Drive, Reston, Virginia 22091

This bimonthly magazine features articles on health education and promotion.

APPENDIX 8

Iowa Coalition
For
Comprehensive School Health Education

The coalition represents more than twenty professional and volunteer organizations and institutions with common purpose of coordinating support for the establishment of comprehensive K-12 health instruction programs in Iowa schools. These agencies and organizations have many supplementary print and audiovisual resources to support instruction in the ten major content areas recommended in this curriculum tool.

The coalition members listed below are representative of the type of agencies which are eager to be of service to schools.

American Cancer Society
Iowa Division
8364 Hickman Road
P.O. Box 65710
West Des Moines, Iowa 50265
515-253-0147

American Heart Association
1111 Office Park Road
West Des Moines, Iowa 50265
515-224-1025

Dairy Council
3823 W. 4th Street Suite 2
Waterloo, Iowa 50701

Iowa Academy of Family Physicians
515 28th Street
Des Moines, Iowa 50312
515-244-4021

Iowa Association of Health, Physical Education & Recreation
Paul Romans, Executive Director
300 S.W. 40th Street
Des Moines, Iowa 50321
515-282-6660

Iowa Chapter, American Academy of Pediatrics
Broadlawns Hospital
1800 Hickman Road
Des Moines, Iowa 50314

Iowa Dental Association
Insurance Exchange Bldg. #333
5th and Grand
Des Moines, Iowa 50309
515-282-7250

Iowa State Health Department
Lucas State Office Bldg.
Des Moines, Iowa 50310
515-281-5787

Iowa Dental Hygienists
Nancy Miller
212 2nd St. S.E.
Nora Springs, Iowa 50458

Iowa Dietetic Association
550 11th Street
Des Moines, Iowa 50309
515-244-0744

Iowa Hospital Association
600 5th Avenue
Des Moines, Iowa 50309
515-244-0744

Iowa Medical Society
1001 Grand Avenue
West Des Moines, Iowa 50265
515-223-1401

Iowa Medical Society Auxilliary
1001 Grand Ave.
West Des Moines, Iowa 50265

Iowa PTA
412 Shops Bldg.
Des Moines, Iowa 50309
515-244-6246

Iowa Department of Education
Paul Kabarac
Grimes State Office Building
Des Moines, Iowa 50319
515-281-4804

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Comprehensive School Health Education, a slide/tape presentation, #6180, cost $17.80, from the Berkeley-Seattle Health Program. American Lung Association of Iowa, 1321 Walnut St., Des Moines, Iowa 50309.

Contemporary Parenting Choices: Sexuality and the Adolescent. Iowa State University, College of Home Economics, Ames, Iowa 1980.

Curriculum Review Handbook, Health Education, Oklahoma State Department of Education, Oklahoma City, Oklahoma, 1981-82.

Fitness and Personal Care, (Project SHIP), P.O. Box 198, Bostwick, Florida 32007, 1981.

Florida Health Education Demonstration Project. Florida Department of Education.

A Guide to Curriculum Planning in Health Education. Wisconsin Department of Public Instruction, Madison, Wisconsin 53707-7841, 1985.

Guidelines for Improving School Health Education K-12. Ohio Department of Education, Columbus, Ohio, 1980.

"Health Education: Basic to Learning," Curriculum Report 15 (January, 1986):1.

Health Education: Curricular Progression Chart. National Center for Health Education's School Health Education Project, San Bruno, California 94066.

Health Education Framework: A Resource for Program Planning and Student Learning Objectives. Office of Public Instruction, Division of Instruction and Professional Services, Olympia, Washington, 1980.

Health Education Framework: Supplemental Material. Office of the Superintendent of Public Instruction, Division of Instructional and Professional Services, Olympia, Washington, 1980.

Health Instruction: Guidelines for Planning Health Education Programs, K-12. American School Health Association, P.O. Box 708, Kent, Ohio 44240, 1985.

Health Related Physical Fitness Test Manual, $3.95, American Alliance for Health, Physical Education, Recreation and Dance, P.O. Box 704, Waldorf, Maryland 20601.

Nutrition Education Materials, compiled by the Nutrition Education and Training Program, Office of Child Nutrition Services, California State Department of Education, 721 Capitol Mall, Sacramento, California 95814, 1982.

Pine, Patricia. Promoting Health Education in Schools - Problems and Solutions, AASA Critical Issues Report, Arlington, Virginia, American Association of School Administrators, 1985